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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/413,661 04/15/2003 PAT 7,115,714
 which is a CON of 09/313,458 05/17/1999 PAT 6,576,743
 which is a CIP of 09/199,586 11/25/1998 ABN
 which claims benefit of 60/066,597 11/26/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

ANTIBODY TO MAMMALIAN CYTOKINE-LIKE POLYPEPTIDE-10

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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